

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

REHABILITATION HOSPITAL OF INDIANA, INC.

Employer identification number

35 1786005

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a** Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a **1a** ✓
- b** If "Yes," was it a written policy? **1b** ✓
- 2** If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.
- ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
- ☐ Generally tailored to individual hospital facilities
- 3** Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.
- a** Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: **3a** ✓
- ☐ 100% ☐ 150% ☒ 200% ☐ Other _____%
- b** Did the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: **3b** ✓
- ☐ 200% ☒ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%
- c** If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.
- 4** Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? **4** ✓
- 5a** Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? **5a** ✓
- b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? **5b** ✓
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? **5c**
- 6a** Did the organization prepare a community benefit report during the tax year? **6a** ✓
- b** If "Yes," did the organization make it available to the public? **6b** ✓
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			499,022		499,022	1.41
b Unreimbursed Medicaid (from Worksheet 3, column a)			4,534,162	2,475,207	2,058,955	5.80
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00
d Total Financial Assistance and Means-Tested Government Programs	0	0	5,033,184	2,475,207	2,557,977	7.21
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			32,339	10,015	22,324	0.06
f Health professions education (from Worksheet 5)			414,459	80,355	334,104	0.94
g Subsidized health services (from Worksheet 6)			0	0	0	0.00
h Research (from Worksheet 7)			50,555		50,555	0.14
i Cash and in-kind contributions to community groups (from Worksheet 8)			14,770	0	14,770	0.04
j Total. Other Benefits	0	0	512,123	90,370	421,753	1.18
k Total. Add lines 7d and 7j	0	0	5,545,307	2,565,577	2,979,730	8.39

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00
2 Economic development					0	0.00
3 Community support					0	0.00
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy					0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	0	0	0	0	0	0.00

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense (at cost) 523,307
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy 0
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

	Yes	No
1	✓	
2		
3		
4		
5		
6		
7		
8		
9a	✓	
9b	✓	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) 14,466,557
- 6 Enter Medicare allowable costs of care relating to payments on line 5 14,270,977
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) 195,580
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
- ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year?
- b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

Name and address

(1) REHABILITATION HOSPITAL OF INDIANA
 4141 SHORE DRIVE
 INDIANAPOLIS, IN 46254

Other (describe)
 ACUTE REHABILITATION

ER-other
 ER-24 hours
 Research facility
 Critical access hospital
 Teaching hospital
 Children's hospital
 General medical & surgical
 Licensed hospital

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: REHABILITATION HOSPITAL OF INDIANALine Number of Hospital Facility (from Schedule H, Part V, Section A): 1**Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)**

1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8

If "Yes," indicate what the Needs Assessment describes (check all that apply):

- a ☐ A definition of the community served by the hospital facility
- b ☐ Demographics of the community
- c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d ☐ How data was obtained
- e ☐ The health needs of the community
- f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h ☐ The process for consulting with persons representing the community's interests
- i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs
- j ☐ Other (describe in Part VI)

2 Indicate the tax year the hospital facility last conducted a Needs Assessment:

3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted

4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI

5 Did the hospital facility make its Needs Assessment widely available to the public?

If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):

- a ☐ Hospital facility's website
- b ☐ Available upon request from the hospital facility
- c ☐ Other (describe in Part VI)

6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):

- a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community
- b ☐ Execution of the implementation strategy
- c ☐ Participation in the development of a community-wide community benefit plan
- d ☐ Participation in the execution of a community-wide community benefit plan
- e ☐ Inclusion of a community benefit section in operational plans
- f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment
- g ☐ Prioritization of health needs in its community
- h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community
- i ☐ Other (describe in Part VI)

7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs

Financial Assistance Policy

Did the hospital facility have in place during the tax year a written financial assistance policy that:

8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?

9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?

If "Yes," indicate the FPG family income limit for eligibility for free care: %

Part V Facility Information (continued)

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care: %	10	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	11	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	12	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	13	
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14	
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
16 Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):	16	
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	18	
If "No," indicate the reasons why (check all that apply):			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		
Charges for Medical Care			
19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply):		
a	<input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	<input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility		
c	<input type="checkbox"/> The hospital facility used the Medicare rate for those services		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	20	
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?	21	
If "Yes," explain in Part VI.			

Part VI
Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Return Reference	Identifier	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN(F)	BAD DEBT EXPENSE EXCLUDED FROM FINANCIAL ASSISTANCE CALCULATION	1,144,842
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY USED TO CALCULATE FINANCIAL ASSISTANCE	COST TO CHARGE RATIO BASED ON WORKSHEET 2.
SCHEDULE H, PART III, LINE 4	BAD DEBT EXPENSE - FINANCIAL STATEMENT FOOTNOTE	THE COST TO CHARGE RATIO FROM WORKSHEET 2 WAS USED TO DETERMINE THE COST OF BAD DEBT. PATIENT ACCOUNTS RECEIVABLE AND NET PATIENT SERVICE REVENUE ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR SERVICES RENDERED. THE ALLOWANCE FOR DOUBTFUL ACCOUNTS REPRESENTS THE EXPECTED LOSSES TO BE REALIZED UPON ULTIMATE COLLECTION OF PATIENT ACCOUNTS RECEIVABLE, WHICH ARE NOT SUBJECT TO THIRD-PARTY PAYOR AGREEMENTS. ALLOWANCE ESTIMATES ARE BASED ON HISTORICAL EXPERIENCE AND OTHER RELEVANT FACTORS. ACCOUNTS DETERMINED TO BE UNCOLLECTIBLE ARE CHARGED TO OPERATIONS IN THE YEAR IN WHICH THEY ARE DETERMINED TO BE UNCOLLECTIBLE. THE HOSPITAL CAN CHARGE INTEREST ON PAST DUE ACCOUNTS MEETING CERTAIN CRITERIA. THERE WAS NO INTEREST CHARGED FOR THE YEAR ENDED DECEMBER 31, 2010.
SCHEDULE H, PART III, LINE 8	COMMUNITY BENEFIT & METHODOLOGY FOR DETERMINING MEDICARE COSTS	ANY COST INCURRED FOR TREATMENT OF A PATIENT IN WHICH THE TOTAL AMOUNT OF REVENUE WAS NOT COLLECTED, IS REPORTED AS A SHORTFALL. MEDICARE ALLOWABLE COSTS WERE DETERMINED BASED ON THE COST TO CHARGE RATIO FROM THE FY 10 MEDICARE COST REPORT.
SCHEDULE H, PART III, LINE 9B	COLLECTION PRACTICES FOR PATIENTS ELIGIBLE FOR FINANCIAL ASSISTANCE	THE HOSPITAL'S PRACTICE IS NOT TO COLLECT AMOUNTS THAT HAVE BEEN APPROVED AS CHARITY OR FINANCIAL ASSISTANCE. HOWEVER, THE HOSPITAL WILL COLLECT THE AMOUNT THAT IS NOT DETERMINED TO BE CHARITY OR FINANCIAL ASSISTANCE.
SCHEDULE H, PART VI, LINE 2	NEEDS ASSESSMENT.	THE HOSPITAL EVALUATES ITS ACCESSIBILITY ON AN ANNUAL BASIS. THIS PLAN INCLUDES ACTIONS TO FURTHER THE INTENT OF CREATING ACCESSIBLE FACILITIES, PROGRAMS AND COMMUNITIES FOR PERSONS WITH DISABILITIES. THE PLAN ATTEMPTS TO ADDRESS THE NEEDS OF PEOPLE WITH DISABILITIES THROUGH TREATMENT PROGRAMS AND SERVICES, COMMUNITY PROGRAMMING AND COMMUNITY AWARENESS. THE PLAN WAS DEVELOPED WITH INPUT FROM PERSONS SERVED, SUPPORT GROUP INPUT, CLINICAL OUTCOMES DATA, SATISFACTION SURVEYS, RHI PERSONNEL USING SUGGESTIONS AND INPUT FROM COMMUNITY INVOLVEMENT AND OTHER STAKEHOLDERS.
SCHEDULE H, PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE.	THE HOSPITAL PROVIDED FREE AND/OR DISCOUNTED CARE TO THOSE WHO QUALIFIED ACCORDING TO REHABILITATION HOSPITAL OF INDIANA (RHI) POLICY. RHI VERIFIED AND COLLECTED FINANCIAL RESOURCE INFORMATION ON EACH PATIENT IN A MANNER THAT PROTECTED EACH PATIENT'S DIGNITY AND QUALITY OF LIFE. NO PATIENT'S ADMISSION WAS DENIED DUE TO A PATIENT'S INABILITY TO SETTLE THEIR ACCOUNT. ANY PATIENT WHO WISHED TO BE CONSIDERED FOR CHARITY FURNISHED THE HOSPITAL WITH THE REQUIRED FINANCIAL DOCUMENTATION WHICH THE HOSPITAL USED TO DETERMINE WHETHER HE/SHE QUALIFIED. PATIENTS WHO APPLIED FOR AND WERE ELIGIBLE FOR FINANCIAL ASSISTANCE GENERALLY WERE APPROVED DURING THE ADMISSION PROCESS. HOWEVER, A PATIENT COULD HAVE APPLIED FOR ASSISTANCE AT ANY TIME, BEFORE A PATIENT IS ADMITTED TO RHI. THE STAFF DISCUSS FINANCIAL ARRANGEMENTS WITH THE PATIENT. IF THE PATIENT HAS NO INSURANCE, FINANCIAL ASSISTANCE IS OFFERED TO THE PATIENT. MEDICAID ELIGIBILITY WAS ALSO EVALUATED PRIOR TO THE ADMISSION PROCESS. IF A PATIENT APPEARED TO BE ELIGIBLE FOR ASSISTANCE UNDER A GOVERNMENTAL PROGRAM SUCH AS MEDICAID, RHI ASSISTED THE PATIENT WITH THIS PROCESS.
SCHEDULE H, PART VI, LINE 4	COMMUNITY INFORMATION.	RHI SERVES ADOLESCENTS THROUGH ADULTS WITH PHYSICAL AND COGNITIVE DISABILITIES PRIMARILY FROM 100 MILE RADIUS OF RHI BUT CATCHMENT AREA NORMALLY INCLUDES ALL 92 INDIANA COUNTIES AND EACH SURROUNDING STATE. RHI OFFERS SERVICES FOR INPATIENT FOR 90 BEDS, 4 BED SLEEP CENTER AND 3 OUTPATIENT LOCATIONS. ONE LOCATION IS LOCATED WITHIN THE HOSPITAL AND TWO OFFICES CONVENIENTLY LOCATED AT SEPARATE LOCATIONS. RHI IS THE LARGEST ACUTE REHAB HOSPITAL IN THE ENTIRE STATE AND ALSO FREESTANDING. RHI IS THE ONLY REHAB HOSPITAL WITH CARF CERTIFICATION IN SPINAL CORD INJURY, GENERAL COMPREHENSIVE REHAB, BRAIN INJURY AND STROKE REHABILITATION. FOURTEEN PERCENT OF OUR PATIENT POPULATION CONSISTS OF MEDICAID RECIPIENTS.

Return Reference	Identifier	Explanation
SCHEDULE H, PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH	<p>THE HOSPITAL HAS MANY SUPPORT GROUPS THAT BENEFIT AND PROMOTE THE HEALTH OF THE COMMUNITY IT SERVES. SOME OF THESE GROUPS INCLUDE THE STROKE SURVIVOR SUPPORT GROUP, THE STROKE CAREGIVER SUPPORT GROUP AND THE BRAIN INJURY SUPPORT GROUP WHICH ALL ENCOURAGE THE COMMUNICATION AMONG VICTIMS AND/OR FAMILY MEMBERS WITH THOSE WHO HAVE SUSTAINED A SIMILAR INJURY AND HAVE RETURNED TO THE COMMUNITY.</p> <p>RHI ALSO OFFERS VOCATIONAL REHABILITATION SUPPORT WHICH PROVIDES SEVERAL SERVICES, AMONG THEM PRE-VOCATIONAL COUNSELING AND CONNECTIONS TO OTHER AGENCIES THAT PROVIDE ASSISTANCE IN RETURNING TO WORK OR SCHOOL.</p> <p>RHI ALSO PROVIDED AN AQUATICS WELLNESS PROGRAM FOR INDIVIDUALS WITHIN THE COMMUNITY. THIS PROGRAM BENEFITS MEMBERS OF THE COMMUNITY SUCH AS INDIVIDUALS WITH ARTHRITIS AND WOMEN DURING PREGNANCY. THE WATER ALLOWS THEM TO EXERCISE UNDER CONDITIONS THAT THEY NORMALLY WOULD NOT BE ABLE TO EXERCISE.</p> <p>EVERY TUESDAY AND THURSDAY EVENINGS, RHI OPENS THE THERAPY GYM MEMBERS OF THE COMMUNITY THAT ARE DISABLED. THESE INDIVIDUALS MAY USE THE THERAPY EQUIPMENT TO GET EXERCISE THAT THEY OTHERWISE WOULD NOT GET.</p> <p>IN PARTNERSHIP WITH THE SAM SCHMIDT PARALYSIS FOUNDATION, RHI PROVIDES ON-SITE BALLOON RIDES DURING INDOY 500 WEEK TO ANYONE IN THE COMMUNITY WITH A DISABILITY.</p> <p>RHI ALSO ENCOURAGES AND PROMOTES EDUCATION WITHIN THE ORGANIZATION BY OFFERING MEDICAL RESIDENTS THE OPPORTUNITY TO LEARN THEIR SPECIALIZED INTEREST OF STUDY. RESIDENTS ARE PLACED IN POSITIONS WHERE THEY CAN LEARN AND GROW AS THEY WORK TOWARD COMPLETING THEIR RESIDENCY.</p> <p>IN CONJUNCTION WITH THE RHI FOUNDATION, RHI PERFORMS RESEARCH AND PRESENTS AT CONFERENCES REGARDING THE MEASUREMENT OF OUTCOMES IN TRAUMATIC BRAIN INJURY CASES ALONG WITH VOCATIONAL REHABILITATION IN INDIVIDUALS AFTER BRAIN INJURIES. OUR RESEARCH DIRECTOR SERVES ON THE EDITORIAL BOARD OF THE FOLLOWING JOURNALS: ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION; REHABILITATION PSYCHOLOGY; ENCYCLOPEDIA OF CLINICAL NEUROPSYCHOLOGY; AND NEUROPSYCHOLOGICAL REHABILITATION.</p> <p>RHI ALSO PROVIDES NUMEROUS CLINICAL EDUCATION EXPERIENCES THROUGH AGREEMENTS WITH THE PHARMACY, THERAPY AND NURSING EDUCATION PROGRAM AT IVY TECH COLLEGE, MARIAN UNIVERSITY, UNIVERSITY OF INDIANAPOLIS, INDIANA UNIVERSITY AND PURDUE UNIVERSITY.</p>
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM	RHI IS JOINTLY OWNED BY TWO HOSPITAL SYSTEMS AND PROVIDES A CONTINUUM OF CARE FOR PATIENTS WITH ACUTE REHAB NEEDS.
SCHEDULE H, PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT	IN